Heroes Of The Epidemic

Australia's AIDS stand has been generally good. But it's threatened by the 'roll back permissiveness' tide. Ken Davis looks ahead into the new decade, and sees the gay community still at the forefront.

One week's worth of Australian AIDS news (early October):

▼ 1000 fringe pentecostals march on Sydney's Oxford Street carrying "gay = AIDS" signs, and are 'welcomed' by 8,000 angry and witty lesbians and gay men.

▼ The next day The Bulletin opinion polls show majority support for homosexual law reform in Tasmania, Queensland and WA.

▼ The AIDS Council of NSW denounces Burroughs Wellcome for selling AZT capsules for $1.75, when they cost 15 cents to produce.

▼ An HIV antibody negative Canberra man complains that because he is gay hospital staff leave him unwashed, display biohazard signs, glove-up to take his pulse, and write his sexual history on the clipboard at the foot of his bed.

▼ Cleo finds that 69% of women have changed their sexual practices because of AIDS.

▼ A Sydney gay paper announces the death of a 26 year old gay tradesperson, who jumped off a cliff the day he was diagnosed as HIV positive.

Unlike North America, where militant civil disobedience groups such as ACT-UP are centre stage, confrontational AIDS activism in Australia has been somewhat ephemeral. The federal government, led on this issue by Dr Blewett, has a record that looks good in comparison to other Western countries. Yet, according to the people with AIDS demonstrating at its launch in Sydney on August 30, the gaps in the National HIV/AIDS Strategy White Paper are deadly.

In its favour, Australian government policy opts for general preventive education, calls for review of laws against prostitution, drug use and homosexuality that hinder AIDS responses, and promotes and funds a co-operative relationship with gay community organisations. These positive elements of policy, however, are not necessarily taken to heart by state administrations.

The $60 million budgeted by the Commonwealth for 1989/90 is not paltry, but nor is it adequate: 50% is for treatment, and with price gouging by the companies that sell the two most used drugs (AZT and pentamidine) a very large segment is simply profits. And as AIDS activists have pointed out, while last year $40 million was spent on fighting an epidemic that has already killed several hundred Australian residents, six times that amount was spent in as many days on the joint US/Australian military exercise, Operation Kangaroo.

Of course, the problem with AIDS is that it is an expanding epidemic, which requires ever greater finances to maintain levels of care, but also ever greater investment in preventive education. Where do the resources come from?

Clearly the greatest danger is that AIDS funding will be played off against cuts to other health services. The viability of AIDS services cannot be removed from the context of overall community health programs funding, cuts to home care budgets, or the sale of Sydney's Prince Henry Hospital, with
its purpose-built AIDS unit. Nor, on the other hand, can many health or community services be immune from the impact of AIDS. How does the hard pressed childcare, women’s health, or disability workers factor in new AIDS specific education and service tasks?

At every level, from individual counselling through education brochures to government legislation, there is a major choice to be made. What is the primary strategy for containing the spread of the virus? The frontrunner as far as AIDS community organisations are concerned, is to promote the minimum personal behaviour changes to prevent new infection. Often counterposed to this promotion of safe sex and safe needle use are two other primary strategy options: mass testing and abstinence campaigns. Both are more popular in general with governments and the medical establishment. And indeed more popular in public opinion.

Because the antibody test cannot reliably identify those infected quite recently, and because HIV is not easily transmissible, screening models from previous epidemics, such as tuberculosis, are not appropriate.

HIV antibody testing is increasingly valuable as an individual diagnostic process, now leading to early treatment options. Yet the legal and social situation of those who have tested positive is valuable as an individual diagnostic tool.

The defence of democratic rights in this instance becomes an essential part of public health. It is not bleeding heart civil libertarians that stand in the way of mass testing, but notification and quarantine laws, media beat ups, gross breaches of confidentiality, travel restrictions, insurance screening, inadequate discrimination laws, and so on. Indeed, the laws against homosexuality, prostitution and injectable drugs are major obstacles to individuals coming forward to be tested. In many cases the personal cost looms too great.

A major thrust of US and British government campaigns on AIDS has been to promote abstinence, especially among young people. “Just say no” to sex and drugs, the US campaign advises. This is an extension of existing campaigns aimed at lowering the birthrate of young, poor (often black) urban communities. These campaigns use community development and self-empowerment language, but aim at delaying sexual experience rather than explaining contraception and safe sex. They diagnose drug use as an individual failing, rather than addressing the economics of oppression that allow injectable drugs to spell genocide in many cities.

Abstinence campaigns, along the lines of ‘sexual freedom and drug use were always wrong, now they are deadly’, and relying on fear and guilt, do not result in long term behavioural change. But they do make it harder for people to see themselves as being in control of their sexual lives or drug use.

The champions of the ‘roll back permissiveness’ line, in both pulp and parliament, stand in the way of effective AIDS response. Section 28 in Britain, and a series of US Congressional votes initiated by the ultra-conservative Jesse Helms, restrict safe sex promotion for lesbians and gay men.

HIV transmission is not stopped by love or monogamy, by certificates of HIV negative status, by choosing partners wisely, by ‘healthy and positive outlooks’, or by periods of abstinence that break down from time to time. It is how people have sex that counts, and whether condoms are used properly in vaginal and anal sex.

Educators, and specifically sexual health educators, people in the women’s and gay movement, and activists on the left in general, have a role to play in defending sex, sex for pleasure, sexuality, homosexuality and explicit public discussion of sexual issues against this repressive climate. Only messages that affirm sexual freedom and maximise personal decision-making can effect the behaviour changes necessary to limit the epidemic.

With media messages consistently confusing safe sex with fidelity, the ‘new celibacy’ or lifestyle conservatism in the late ‘eighties, it is no wonder that people want to rebel against this apparent government incursion into social control of bedroom conduct.

This rebellion against anti-sex propaganda takes the form of a rejection of the fact that AIDS is truly a community-wide concern and a denial that vaginal sex can transmit HIV - at least to ‘normal blokes’. “Normal people make up only 1.5% of known AIDS victims and only seven have died, compared to fags who make up 88.4% of the victims ... It’s your right to know the truth about AIDS, not just your government’s interpretation of it. Hell! It’s scaring the piss out of every straight bloke with a hard-on. So we ask you:

### Cases of full AIDS in Australia, October 1989:

- 1,498, of whom 791 have died;
- 934 (62.4%) are in NSW;
- 48 are women.
- Men who have sex with men account for 1,343 (91.1%), of whom 41 (2.8%) also injected non-prescription drugs.
- 74 (4.9%) received infected blood transfusions or blood products.
- 23 (1.5%) were infected via heterosexual sex;
- 18 (1.2%) had shared needles to inject drugs, and had not had male/male sex.

In Australia more than one person each day is diagnosed as having full AIDS. In addition, many hundreds of people have sometimes quite debilitating HIV related illnesses, and many thousands more are well, but HIV infected.
How many of you tax-paying Australians want your money spent in a bid to save a pack of fags who’re dying because they’ve done a bit of bum poking? How many of you are really concerned whether these fags live or die anyway?" declares a recent edition of an Australian biker magazine.

While vaginal and anal sex and needle sharing are all capable of transmitting HIV, there has been no explosion of AIDS through the entire population, nor is everybody equally at risk.

It’s whether people engage in unsafe activities that determines risk, not social identity, and this is where the problem lies for AIDS preventive education. Most men who have sex with men do not identify as gay. Most people practising unprotected anal sex are not gay men. Most people sharing needles are not heroin addicts. Most people who say they are monogamous have not been in mutually sexually exclusive relationships for the last ten years. One in four adult men in Queensland have been to prostitutes, according to surveys reported in the press earlier this year. By that token alone an enormous proportion of the adult population should think carefully about signing the AIDS risk declaration when donating blood at the Red Cross.

This concept of the ‘general community’, defined as being not the gay community, muddles thinking on public campaigns and media coverage on AIDS prevention. People don’t see themselves at risk because they do not see themselves as ‘junkies, fags or sluts’, nor are their friends. Nor can they see who is HIV infected, only those who are already ill. Therefore they don’t adopt safe sex or safe needle use behaviours. As has been pointed out by Susan Sontag and others, all epidemics are ascribed to someone else.

In Australia, with its so far quite gay-specific epidemic, the worst burdens, not only of sickness and grief, but also of blame-the-victim prejudice have been landed on fairly localised communities. The dominant image is of gay men who have learned at great expense the error of allowing their burst of ‘seventies gay liberation to turn to Dionysian excesses.

Homosexuality itself was freed officially from its definition as pathology only in 1973, the end of an era, at least in Sydney, of brain surgery and aversion therapy. With AIDS, homosexuality again is inextricably linked with disease. The new president of the Private Doctors’ Association, Dr Jodhi Menon, has been campaigning in the pages of Australian Doctor Weekly to return to active treatment "or adequate control" of homosexuality per se as an illness, as with "schizophrenia, kleptomania or similar departures from the more usual patterns of human behaviour".

This backsliding on homosexuality as disease is reflected within the North American gay movement itself, with writers regretting the previous years of ‘fast lane’ lifestyles, their works infected with guilt, self hate and anti-sex sentiments. Nowadays, with twelve-step recovery programs (abstinence groups modelled on Alcoholics Anonymous) all the vogue, Sexual Compulsives groups have ads in gay newspapers.

But the virus has no meaning. It’s a simple physical entity that does no thinking. It’s not a CIA plot, not nature’s revenge, not a symbol of pollution, either moral or environmental, not God’s punishment, not part of some eternal cycle, nor the crystallisation of poor self-esteem among homosexuals.

A more realistic perception of the state of the gay communities’ response to the epidemic, while not minimising its terrible impact, must recognise at least in Australia, the creation of cultures of resistance. Enormous mobilisations of efforts in care, in political defence and in preventive education have transformed the gay scene. Pride is stronger now than ever before. The non-AIDS gay and lesbian organisations are larger and more effective than ever before.

While military metaphors are common in discussion of AIDS - and have dangerous side effects, as Susan Sontag points out - they remain popular with gay men as well as doctors. Those working in AIDS see gay men, commercial sex workers and needle users as frontline fighters, whose leadership in community education is the major defence the population as a whole has against the further extension of infection.

In the words of one epidemiologist, they are “the heroes of this epidemic, the shock troops who bore the brunt of the first wave thrown against us with gallantry and with unsung courage”.

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